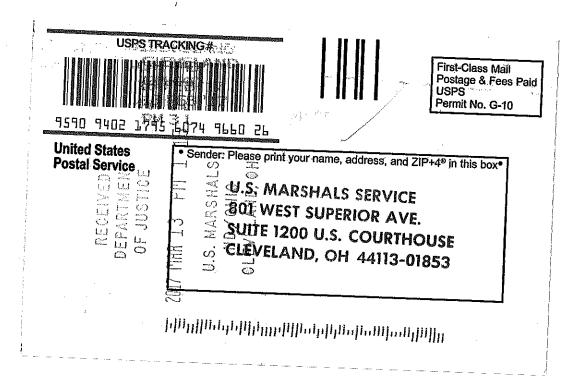
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P.o. Box	# 788			Number of parties to be served in this case	3	
Mansfee				Check for service on U.S.A.	S	
SPECIAL INSTRUCTIONS OR OTHER	INFORMATION THA	AT WILL ASSIST	IN EXPEDITING SEF	EVICE (Include Business and	lternate Addresses.	
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Process District of Origin	District to Serve	Signature of Authori	zochUSMS DeArty on Clerk	Date 27	
I hereby certify and return that I have pon the individual, company, corporation, e	personally served, tc., at the address show	bave legal evidence wn above on the on	e d service, Mave of the individual, compa	executed as shown in "Remark ny, corporation, etc. shown at the	s", the process describ	oed clow.
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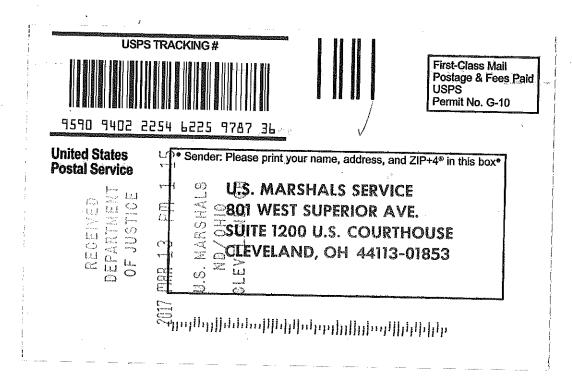
OSMS RECORD
 NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Julie Hensley 150 North Main Street Mansfield, OH 44901	A. Signature X. M. B. McCeived by (Printed Name) D. Is delivery address different from If YES, enter delivery address	Addressee C. Date of Delivery 1/13/17 mitem 1? Yes below: No
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PS Form 3811, July 2015 PSN 7530-02-000-9053	С	Oomestic Return Receipt



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9590 9402 2254 6225 9787 36 2. Article Number (Transfer from source 1/2-1/2) 7016 0910 0000 6681 8	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ ivery Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Confirmation Time Signature Confirmation □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Restricted Delivery
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Form USM-285 Rev. 12/15/80 Automated 01/00

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. A. Signature A. Signature B. Received by (Printed Name)	☐ Agent☐ Addressee☐ Date of Delivery
a Attach this card to the back of the mailpiece. JUSTICE or on the front if space permits.	n item 1? ☐ Yes
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2. Artii	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

USPS TRACKING#



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First-Class Mail Postage & Fees Paid USPS Permit No. G-10

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box

U.S. MARSHALS SERVICE 801 WEST SUPERIOR AVE. SUITE 1200 U.S. COURTHOUSE CLEVELAND, OH 44113-01853